

**Community Service Network 7 Meeting  
DHHS Offices, Biddeford  
August 14, 2008**

**Approved Minutes**

**Members Present:**

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| <ul style="list-style-type: none"> <li>• Don Burns, AIN</li> <li>• Lois Jones, Counseling Services Inc.</li> <li>• WC Martin, Common Connections/CCSM</li> <li>• Mark Jackson, Harmony Center/CCSM</li> </ul> | <ul style="list-style-type: none"> <li>• Tony Thompson, MMC Employment Spec, CSN 7</li> <li>• Jeanne Mirisola, NAMI-ME Families</li> <li>• Chris Souther, Shalom House</li> </ul> | <ul style="list-style-type: none"> <li>• Mary Jane Krebs, Spring Harbor &amp; SMMC</li> <li>• Kelly Shaughnesy, VOA</li> <li>• Jen Ouellette, York County Shelters</li> </ul> |
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**Members Absent:**

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| <ul style="list-style-type: none"> <li>• Center for Life Enrichment (vacant)</li> <li>• Creative Work Systems</li> </ul> | <ul style="list-style-type: none"> <li>• Goodall Hospital</li> <li>• Job Placement Services, Inc.</li> </ul> | <ul style="list-style-type: none"> <li>• Saco River Health</li> <li>• York Hospital</li> </ul> |
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**Others/Alternates Present:** Deborah Rousseau, MMC Emp. Coordinator, CSNs 3-7; Gary McNeill, Counseling Services Inc.; Connie Garber, YCAP; Ed Clifford, Shuttle Bus.

**Staff Present:** DHHS/OAMHS: Don Chamberlain, Lisa Wallace, Carlton Lewis. Muskie School: Elaine Ecker.

Agenda Item	Discussion
I. Welcome and Introductions	Carlton opened the meeting with introductions around the table.
II. Review and Approval of Minutes	The minutes from the June and July meetings were approved as written.
III. Feedback on OAMHS Communication	<p>Carlton informed the group that this agenda item will appear as a new standing item on all CSN agendas to give members a regular opportunity to ask questions or give feedback on all OAMHS communications (state or regional levels) received during the month.</p> <p>Members had no feedback for this month.</p>
IV. Legislative Session January 2009	<p><u>Bills/Rules: Proposals/ideas from members</u> OAMHS encourages members to bring forward any ideas for rule changes or bills for the upcoming legislative session for discussion at next month's meeting.</p> <p><u>Budget: Process for September CSN discussions</u> Work has begun on the State's biennial budget for FY 2010 &amp; 2011. OAMHS will make its budget requests based in part on the RDS unmet needs data (discussed below), though many other sources of information are also considered. OAMHS also welcomes any unmet needs or budget requests from CSN members. Any such requests should include specific proposals to meet specific needs, with supporting data that includes how the service need is identified, how many people would be affected, how the funds would be used, etc.</p> <p><u>Budget: Unmet Needs Data</u> Members received handouts of enrollment and RDS (Resource Data Summary) Unmet Needs data for the 4<sup>th</sup> Quarter of FY 2008. The materials also contained data from the previous two quarters. Lisa informed that increases in unmet needs for the 4<sup>th</sup> quarter have more to do with providers' good work in getting overdue data into the system and not with a sudden actual increase in unmet needs.</p>

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	<p>Lisa reminded that the data comes from agencies providing Community Integration, Intensive Community Integration (no longer offered), ACT, and from State ICM services. This select population is the clearest grouping available of people with SMI (Severe Mental Illness) or SPMI (Severe and Persistent Mental Illness)—OAMHS' target population. She added that this 4<sup>th</sup> Quarter is the first time OAMHS believes it has a complete set of data. (Lisa also announced that the scheduled date for APS Healthcare to take over enrollment and RDS/EIS data is September 1. APS will also take over applications/ approvals for grant-funded services on September 1. OAMHS will send out a memo to all CSN members detailing the above changes, providing the process, instructions, timeframes, available WebEx trainings, phone numbers, etc.)</p> <p>Members reviewed the various unmet needs charts and graphs. Highlights for CSN 7:</p> <ul style="list-style-type: none"> <li>• CSN 7 mirrors the pattern of unmet needs of the State as a whole.</li> <li>• Mental Health Services and Health Care categories show the highest numbers of unmet needs in this CSN (most others are Housing and Health Care).</li> <li>• It is important to look at the actual numbers, not just percentage changes, especially in considering small numbers. For example, an increase from 2 reports to 4 would show as a 100% change.</li> </ul> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• Are unmet need measured statewide in the same fashion? A: Lisa: Yes, the Consent Decree Plan of October 2006 laid out the number of days a need is unmet in order to be categorized as unmet on reports. Also, Don added, the information is as good as the people identifying the resources. Training is provided for agency staff by Consent Decree Coordinators, and processes and definitions are in place, but it does involve self-reporting. OAMHS has been focused on getting data in, Lisa said, now the focus will shift to the quality of the data.</li> <li>• Don of AIN mentioned under-reporting in the legal category, particularly pertaining to Advance Directives (AD). He added that agencies are in a position to help make these—he'd like to see a standardized recommended AD. He's talked with APS and understands they're working on it and that the Disability Rights Commission (DRC) is working on it as well.</li> <li>• Mary Jane informed that Spring Harbor is piloting a user-friendly version of an AD, which they're calling "Care Preferences." It has not passed with the DRC, she said, so work continues.</li> <li>• Lisa pointed out that the DRC has information and forms on their website.</li> <li>• The unmet needs information is here—now what is the plan? Where does OAMHS go from here? A: Under ongoing discussion, and part of the discussion should happen here. Some are resources that need funding, some we don't control (like dental) but need to decide our response knowing this information, and some appear to be community service functions and we don't know why they show up as unmet.</li> <li>• The data doesn't tell the number of people with unmet needs—could be 10 people with all of the needs. A: Don—Probably can find out "of people served, how many have unmet needs." Would also show up in the appropriate CSN, according to consumer's zip codes.</li> </ul> <p>Don C. said that OAMHS would be sending out to CSN members a framework for organizing information for next month's budget work. The 4<sup>th</sup> quarter unmet needs report will be the starting point. OAMHS is working on determining the unmet needs threshold for budget requests—is it 100 unmet needs, lower, higher? Budget requests will go to the DHHS Commissioner—although the Commissioner or Governor may "knock things out."</p> <p>Further Discussion:</p> <ul style="list-style-type: none"> <li>• Member: If we have to formalize requests based on unmet needs reports, are we going to do it before we know everyone is reporting consistently? A: We decided to move forward and make improvements as we go.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Another member expressed concern about the number of people not in service who have unmet needs not reported or captured. A: We do get some other information—Consent Decree Coordinators gather information on Class members—also from Dorothea Dix and Riverview as resource needs become evident—and from ICMs in shelters and jails.</li> <li>• Is some information captured in Emergency Departments (EDs) on people not in service? A: Crisis does not collect that information at this point.</li> <li>• If you sit for an afternoon in a social club, you'll hear lots of unmet needs from people not in service.</li> <li>• Between SMMC and MMC—hear enough—people come to EDs because they don't have services. If that data could be collected...</li> </ul> <p>Don C. concluded the conversation by encouraging members to bring any data that should be considered to next month's meeting.</p> <p><b>ACTION:</b> Members are to bring any specific proposals for rule changes, bills, and budget requests for discussion at the September meeting.</p> <p><u>Demographic Handout</u> Members received a handout with demographic information, which Marya pointed out may be helpful in budget request preparations.</p>
V. Transportation Subcommittee	<p>Connie Garber, Transportation Director for York County Community Action Corporation (YCCAC), presented a thorough overview of the availability and criteria to access public transportation services in York County. Highlights of the services:</p> <ul style="list-style-type: none"> <li>• Tries to be one-stop shopping as a regional service, operating by combining a variety of funding sources. Though YCCAC doesn't have solution for all requests, the staff is very good at figuring out how to "fit a square peg into a round hole." Looks at all resources: busses, vans, volunteers, reimbursement through MaineCare Friends and Family, and other creative ways to meet medical needs for non-MaineCare people.</li> <li>• Regular runs are scheduled on certain days of the week for shopping, going to peer centers, etc. Even so, people are encouraged to call or come in to request additional services. When a first-time request comes in, the information goes in the database—then YCCAC tries to figure out how to serve the need.</li> <li>• YCCAC serves all 29 towns in York County. Some towns do not have regular runs, but if a request is received, we look for a bus/vehicle that's going to be in the neighborhood. Every town appears on every quarterly report of services.</li> <li>• Volunteer drivers fill gaps in bus/van service. YCCAC has 110 very dedicated volunteers who are reimbursed for mileage and tolls and donate their time. Last fiscal year, volunteer drivers covered approximately 4 million miles.</li> <li>• WAVE (Wheels to Access Vocation and Education) vans run 7 days a week providing transportation for vocational, educational, and related childcare purposes. All seats by advance reservation and include a fare (except for MaineCare reimbursable trips). Have been doing some medical trips, also.</li> <li>• Call for services!</li> </ul> <p>Ed Clifford of Shuttle Bus described the four systems it operates in this area, with various city routes, intercity routes, commuter and express runs, etc. Municipalities, the Federal Transit Administration, and the Maine Turnpike Authority fund the service. He talked about various fares, monthly passes, and discounts, noting that any rate changes have to be done through a public hearing process. Some services will deviate up to three-quarters of a mile off the route with 24-hour notice. He also encouraged people to call—though no guarantee of being able to meet the request—they are happy to try to get people where they need to be. He distributed copies of the schedule to all members.</p>

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	<p>A member asked both, “What’s the biggest complaint?” Connie: Would like services later in the day and on weekends. (No money!) Ed: People would like service to auto mile section in Saco.</p> <p>Connie informed that MDOT will be scheduling a planning session (as they do in all regions). She will provide information to Don Burns, once the date is set. The invitation is open to all to come and talk about needs, whether programs or individuals.</p>
VI. Hospitals and ISPs	<p>Members received two handouts reporting results of UR Nurse reviews of hospital records for Consent Decree Performance Standard 18-1,2,3 for all four quarters of FY 2008. This standard pertains to involuntary hospitalizations of consumers receiving Community Integration services and tracks whether the hospital obtained the ISP, whether the treatment and discharge plan is consistent with the ISP, and whether the case manager is involved with treatment and discharge planning.</p> <p>Don expressed concern that performance is not improving re: hospitals receiving ISPs. He noted that case managers are usually involved in discharge treatment and planning, but still the ISP is not included in the hospital record. How can this be improved?</p> <p>Don said asked if it's conceivable that some could be first time admissions, with new case management involved with discharge, but wouldn't have ISP yet?</p> <p>Mary Jane said that on the hospital side, ISP is requested, but that doesn't mean it materializes. She will check on the one case in Quarter 4 at SMMC where ISP was not filed.</p>
VII. Consumer Council Update	<p>WC Martin reported that the Consumer Council is moving along, slow but sure.</p> <p>Don of AIN reported that consumer forums were recently held by AIN to verify consumers' expectations for the CCSM. The report from those forums has been forwarded to various people and is posted on AIN's website.</p>
VIII. Employment Specialist Update	<p>Tony provided a fairly comprehensive overview of York County demographics taken from Census information. He and Deborah Rousseau also provided statistical information on participation in the program.</p> <p>Of the 71 completed Need for Change surveys received back from CSI consumers receiving community integration services, Tony has opened 10 cases. He will continue distribution of the NFC surveys, and continue to schedule intake appointments. He said he's encountering some difficulty getting intakes scheduled and completed. So far, one person has been hired in competitive employment and three people have been accepted into educational programs.</p> <p>Tony said he also held a training on resources for self-employment. At Don B's request, Tony will share this information with AIN.</p>
IX. Impact of Energy Costs	<p>Don members to discuss the impact of high gas and oil prices—both on agencies administratively and on consumers they serve. Would also like to know what actions they are taking or anticipate taking to address the impacts, as well as gather information to pass on to the Commissioner and Governor.</p> <p>Don mentioned a few points raised at other CSNs about housing, i.e. landlords raising rent out of consumers' reach, abandoning properties, etc.</p>

Agenda Item	Discussion
	<p>Feedback:</p> <ul style="list-style-type: none"> <li>• Consumers will be the first ones pinched, Don B. said, sharing that he has effectively lost \$2/hour on his pay.</li> <li>• CSI staff are affected by transportation costs—ask when mileage reimbursement is going up.</li> </ul> <p>This topic will be discussed further at the September meeting.</p>
X. Consent Decree Report	<p>Lisa informed the group that the Consent Decree Quarterly Report for April-June 2008 has been filed with the Court Master. Copies of all documents are posted on the OAMHS website: <a href="http://www.maine.gov/dhhs/mh/consent_decree">www.maine.gov/dhhs/mh/consent_decree</a>. Members were encouraged to look at the Consent Decree Performance Standards Summary document, in particular.</p>
XI. Other	<p><b>Wraparound Funds Proposal</b> Due to time constraints, Jen O. will present a proposal for wraparound funds for the CSN at next month's meeting.</p> <p><b>Judge Mills' Order – Monitor</b> Lisa explained that OAMHS made a presentation to Judge Mills in response to her concerns regarding the amount of funding supporting the mental health system for FY 2008, 2009, and forward, to determine whether or not there were sufficient funds to meet compliance and whether OAMHS has been an adequate advocate for funding. Judge Mills concluded that she could not make a determination without more information and, therefore, will appoint a monitor to study the matter. The monitor will conduct the study independently and may interview agency personnel, consumers, etc.</p> <p>Court Master Dan Wathen has nominated Elizabeth Jones, though Judge Mills has not officially confirmed this nomination.</p> <p><b>David Proffitt's Resignation</b> David Proffitt, Superintendent of Riverview Psychiatric Center, has resigned to take a position as CEO of Acadia Hospital in Bangor, effective sometime in October.</p> <p><b>CSI – Additional Crisis Data</b> Lois informed that CSI has collected some of the crisis information requested at July's meeting and requested to present it at the October meeting when both she and Jen can attend.</p> <p><b>System Learning from Mirisola Case</b> In response to discussion at the July meeting, Jeanne met with Mary Jane and Jen G. to discuss matters further to see what could be learned re: improvements. This will appear at the top of September's agenda.</p>
XII. Public Comment	None.
XIII. Meeting Recap and Agenda for Next Meeting	<p>See <b>ACTION</b> items above.</p> <p>System Learning from Mirisola Case Legislative Session January 2009 Consumer Council System Update Employment Specialist Update Impact of Energy Costs</p>